

## Verification of Assets

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Social Security #

Re: \_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

The individual named above is an applicant of a housing assistance program that requires verification of assets and has reported owning an account at your institution, and authorizes such verification by signing above. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
WCHC/City of Reno Representative

Return to:

Jodi Royal-Goodwin  
Community Reinvestment Manager  
Community Resources  
City of Reno  
PO Box 1900  
Reno, NV 89505  
Ph: 775-334-2305 Fax: 334-3815

### Standard Accounts

Checking Account #	Average Balance Last 6 Months	Interest Rate
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Savings Account #	Current Balance	Interest Rate
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Cert of Deposit Account Number	Amount	Withdrawal Penalty	Interest Rate
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Money Market Funds	Amount (Ave 6 mo. Balance)	Interest Rate
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### IRA, Keogh, Retirement Accounts

Account #	Amount	Withdrawal Penalty	Interest Rate
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### Stocks, Bonds, and Other Investment Accounts

Account Number	Individual Investment	Transaction Fees/Penalties	Current Value
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\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position/Title